

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

The amendments will:

- Clarify coverage criteria and allow for coverage of lenses manufactured outside the United States.
- Increase the upper age limit for annual replacement of frames for children from six to seven years of age.
- Change reimbursement for polycarbonate lenses from an invoice to a fee schedule amount.
- Allow for prior authorization of photochromatic (transition) lenses and press-on prisms.
- Remove obsolete references for therapeutically certified optometrists.

Any interested person may make written comments on the proposed amendments on or before June 19, 2012. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by E-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Amend paragraph **78.1(1)“a”** as follows:

a. Drugs dispensed by a physician or other legally qualified practitioner (dentist, podiatrist, ~~therapeutically certified~~ optometrist, physician assistant, or advanced registered nurse practitioner) unless it is established that there is no licensed retail pharmacy in the community in which the legally qualified practitioner’s office is maintained. Rate of payment shall be established as in subrule 78.2(2), but no professional fee shall be paid. Payment will not be made for biological supplies and drugs provided free of charge to practitioners by the state department of public health. ~~Rate of payment shall be established as in subrule 78.2(2), but no professional fee shall be paid.~~

ITEM 2. Amend subrule 78.2(1) as follows:

78.2(1) Qualified prescriber. All drugs are covered only if prescribed by a legally qualified practitioner (physician, dentist, podiatrist, ~~therapeutically certified~~ optometrist, physician assistant, or advanced registered nurse practitioner).

ITEM 3. Amend subrule 78.6(1) as follows:

78.6(1) Payable professional services are:

- a.* and *b.* No change.
- c.* Auxiliary procedures. The following auxiliary procedures and special tests are payable when performed by an optometrist. Auxiliary procedures and special tests are reimbursed as a separate procedure only when warranted by case history or diagnosis.
 - (1) to (6) No change.
 - (7) Retinal integrity evaluation with a three-mirror lens.

d. Single vision and multifocal spectacle lens service, verification and subsequent service. When lenses are necessary, the following enumerated professional and technical optometric services are to be provided:

(1) When spectacle lenses are necessary, the following enumerated professional and technical optometric services are to be provided:

1. to 3. No change.

(2) New spectacle lenses are subject to the following limitations:

1. to 4. No change.

(3) ~~Protective lenses~~ Spectacle lenses made from polycarbonate or equivalent material are allowed for:

1. to 3. No change.

e. No change.

f. Frame service.

(1) When a new frame is necessary, the following enumerated professional and technical optometric services are to be provided:

1. Selection and styling.

2. Sizing and measurements.

3. Fitting and adjustment.

4. Readjustment and servicing.

(2) New frames are subject to the following limitations:

1. One frame every six months is allowed for children through three years of age.

2. One frame every 12 months is allowed for children four through ~~six~~ seven years of age.

3. When there is a ~~prescribed~~ covered lens change and the new lenses cannot be accommodated by the current frame.

(3) Safety frames are allowed for:

1. Children through seven years of age.

2. Members with a diagnosis-related disability or illness where regular frames would pose a safety risk or result in frequent breakage.

g. No change.

h. Repairs or replacement of frames, lenses or component parts. Payment shall be made for service in addition to materials. The service fee shall not exceed the dispensing fee for a replacement frame. Payment shall be made for replacement of glasses when the original glasses have been lost or damaged beyond repair. Replacement of lost or damaged glasses is limited to one pair of frames and two lenses once every 12 months for adults aged 21 and over, except for people with a mental or physical disability.

~~i. Fitting of contact lenses, when required following cataract surgery, Payment shall be made for documented keratoconus, aphakia, or for treatment of acute or chronic eye disease, or when the member's vision cannot be adequately corrected with spectacle lenses. Up to eight pairs of contact lenses are allowed for children up to one year of age with aphakia. Up to four pairs of contact lenses per year are allowed for children one to three years of age with aphakia. Contact lenses are subject to the following limitations:~~

(1) Up to eight pairs of contact lenses are allowed for children up to one year of age.

(2) Up to four pairs of contact lenses are allowed every 12 months for children one through three years of age.

(3) Up to three pairs of contact lenses are allowed every 12 months for children four through seven years of age.

(4) One pair of contact lenses every 24 months for members eight years of age or older.

ITEM 4. Amend subrule 78.6(2) as follows:

78.6(2) Ophthalmic materials. Ophthalmic materials which are provided in connection with any of the foregoing professional optometric services shall provide adequate vision as determined by the optometrist and meet the following standards:

- a. Corrected curve lenses, unless clinically contraindicated, ~~manufactured by reputable American manufacturers.~~
- b. Standard plastic, plastic and metal combination, or metal frames ~~manufactured by reputable American manufacturers, if available.~~
- c. Prescription standards according to the American National Standards Institute (ANSI) standards and tolerance.

ITEM 5. Amend subrule 78.6(3) as follows:

78.6(3) Reimbursement. The reimbursement for allowed ophthalmic material is subject to a fee schedule established by the department or to actual laboratory cost as evidenced by an attached invoice. Reimbursement for rose tint is included in the fee for the lenses.

a. Materials payable by fee schedule are:

- (1) ~~Lenses~~ Spectacle lenses, single vision and multifocal.
- (2) Frames.
- (3) Case for glasses.

b. Materials payable at actual laboratory cost as evidenced by an attached invoice are:

- (1) Contact lenses.
- (2) Schroeder shield.
- (3) Ptosis crutch.
- (4) ~~Protective lenses and safety~~ Safety frames.
- (5) Subnormal visual aids.
- (6) Photochromatic lenses.

ITEM 6. Amend subrule 78.6(4) as follows:

78.6(4) Prior authorization. Prior authorization is required for the following:

a. and b. No change.

c. Subnormal visual aids where near visual acuity is at or better than 20/100 at 16 inches, 2M print. Prior authorization is not required if near visual acuity as described above is less than 20/100. Subnormal visual aids include, but are not limited to, hand magnifiers, loupes, telescopic spectacles, or reverse Galilean telescope systems. Payment shall be actual laboratory cost as evidenced by an attached invoice.

d. Approval for photochromatic tint shall be given when the member has a documented medical condition that causes photosensitivity and less costly alternatives are inadequate.

e. Approval for press-on prisms shall be granted for members whose vision cannot be adequately corrected with other covered prisms.

(Cross-reference 78.28(3))

ITEM 7. Amend subrule 78.6(5) as follows:

78.6(5) Noncovered services. Noncovered services include, but are not limited to, the following services:

- a. Glasses with cosmetic gradient tint lenses or other eyewear for cosmetic purposes.
- b. ~~Glasses for protective purposes including glasses for occupational eye safety, sunglasses, or glasses with photogray lenses. An exception to this is in 78.6(3) "b"(4).~~
- c. A second pair of glasses or spare glasses.
- d. Cosmetic surgery and experimental medical and surgical procedures.
- e. ~~Contact lenses if vision is correctable with noncontact lenses except as found at paragraph 78.6(1) "i."~~
- e. Sunglasses.
- f. Progressive bifocal or trifocal lenses.

ITEM 8. Rescind and reserve subrule **78.6(6)**.

ITEM 9. Amend subrule 78.28(3) as follows:

78.28(3) Optometric services and ophthalmic materials which must be submitted for prior approval are as follows:

a. to c. No change.

d. Photochromatic tint. Approval shall be given when the member has a documented medical condition that causes photosensitivity and less costly alternatives are inadequate.

e. Press-on prisms. Approval shall be granted for members whose vision cannot be adequately corrected with other covered prisms.

For all of the above, the optometrist shall furnish sufficient information to clearly establish that these procedures are necessary in terms of the visual condition of the patient. (Cross-references 78.6(4), 441—78.7(249A), and 78.1(18))